## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>05-23-2010</u>	Address:	18th St. @ Pontiac St.
Case #:	<u>16F19733</u>		Rochester, IN 46975
County:	<u>Fulton</u>		100chester, 114 40973
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Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
Chemic Chemic	onal Lab al/Glassware/Equipment (only) te (only)	☐ Residence ☐ Outbuilding ☑ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
(check all th	nd: Location (bedroom, kitchen, open a at apply) /Ammonia Reaction(s): <u>N/A</u>	ir, etc)	
Red Phosphorous/Iodine Reaction(s): N/A			
Flammable Solvents: <u>vehicle</u>			
Water Reactive Metal (Lithium): vehicle			
Anhydrous Ammonia: N/A			
Hydrochloric Acid Gas Generator(s): N/A			
Corrosive Acid: vehicle			
Corrosive	e Base: vehicle		
Other (ite	em and location): <u>N/A</u>		•
Child under age 18 discovered (check one)  Yes 0 (number present)  No  *If yes, fax report to Child Protective Services		<ul> <li>Investigative Information</li> <li>☐ Ephedrine/Pseudoephedrine Tracking Log</li> <li>☐ Retail/Merchant Tip</li> <li>☐ Other:Rochesester PD traffic st</li> </ul>	
<u>This report i</u>	is to be faxed to the following agen	cies that serve the loc	ation:
Fire Department: <u>Rochester VFD</u> Health Department: <u>Rochester Health Dep</u>		Fax: <u>(574)224-8380</u> Fax: <u>(574)223-2335</u>	
For further information regarding this methamphetamine laboratory, contact nvestigating Officer: <u>Joshua Maller</u> Phone (765) 473-6666			
* This form is to be faxed to the Fire Department, Health Department and Colored			

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.

the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.